FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION

## FORM D

Washington, D.C. 20549

OMB Number: 3235-0076 May 31, 2005 Expires: Estimated average burden hours per response ...... 16.00

OMB APPROVAL

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix	Serial					
DATE REC	EIVED					
1	1					

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Hudson Northern California Housing Fund LP  Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)
Hudson Northern California Housing Fund LP
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
630 Fifth Avenue, 23rd Floor, New York, NY 10111 (212) 218-4488
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
(if different from Executive Offices)
Brief Description of Business
To invest in operating partnerships formed to hold interests in apartment complexes qualifying for low income housing tax credits
Type of Business Organization
corporation
business trust limited partnership, to be formed
Month Year \ \ JAN 18 2003
Actual or Estimated Date of Incorporation or Organization:    Month   rear
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada: FN for other foreign jurisdiction)

### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seg. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	A. BASIC IDENT	IFICATION DATA							
2. Enter the information requested for the following:									
• Each promoter of the issuer, if the issuer has been organized within the past five years;									
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;									
Each executive officer and director of corporate	ate issuers and of co	orporate general and ma	naging partners	of partnership issuers; and					
Each general and managing partner of partner	rship issuers.								
Check Box(es) that Apply: Promoter Ben	eficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual) Hudson Housing N California GP LLC									
Business or Residence Address (Number and Street, 630 Fifth Avenue, 23rd Floor, New York, NY 1011:	-	de)							
Check Box(es) that Apply: Promoter Ben	eficial Owner [	Executive Officer	☑ Director	General and/or Managing Partner					
Full Name (Last name first, if individual)  Zeiler, John S.	# #P								
Business or Residence Address (Number and Street, 630 Fifth Avenue, 23rd Floor, New York, NY 1011		de)							
Check Box(es) that Apply: Promoter Ben	eficial Owner	Executive Officer	□ Director	General and/or Managing Partner					
Full Name (Last name first, if individual)  Macari, Joseph A.									
Business or Residence Address (Number and Street, City, State, Zip Code) 630 Fifth Avenue, 23rd Floor, New York, NY 10111									
Check Box(es) that Apply: Promoter Ben	eficial Owner [	Executive Officer	☑ Director	General and/or Managing Partner					
Full Name (Last name first, if individual) Belcher, Keith W.									
Business or Residence Address (Number and Street, J.E. Robert Companies, 1650 Tysons Blvd, Suite 16	-								
Check Box(es) that Apply: Promoter Ben	eficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street,	City, State, Zip Co	de)							
Check Box(es) that Apply: Promoter Ben	eficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street,	City, State, Zip Co	de)							
Check Box(es) that Apply: Promoter Ben	eficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)									

			·········	RI	NFORMA	FION A RO	LIT OFFE	RING	and a	<del></del>	<del></del> -	<del></del>
1. Has the	e issuer solo	d, or does th	ne issuer inte					<del></del>			Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							×					
2. What is the minimum investment that will be accepted from any individual?						\$5,000,						
3. Does the offering permit joint ownership of a single unit?					Yes	No						
						$\boxtimes$						
commis a perso states,	the informa ssion or sim on to be liste list the nam or dealer, yo	nilar remune ed is an asso ne of the bro	eration for sociated persocker or deal	olicitation of on or agent ler. If more	of purchaser t of a broker e than five	rs in connect r or dealer in (5) persons	tion with sa egistered w to be listed	ales of secur	rities in the and/or wit	offering. I	f r	
	(Last name			Offination it	or that broke	ei oi dealei	only.		-			
	Ison Housir		,	LC								
	r Residence				y, State, Zir	Code)		<del>-</del>				<del></del>
	Fifth Aven					ŕ						
Name of A	ssociated B	roker or Dea	aler		·- <u>·</u>							
States in W	Vhich Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pr	ırchasers				<del></del>		·
(Check "	All States" of	or check inc	lividual Sta	tes)								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Business o	r Residence Fifth Aven	Address (1	Number and		-	Code)						
Name of A	ssociated Bi	roker or Dea	aler				· · · · · · · · · · · · · · · · · · ·					
	Which Perso All States" (				o Solicit Pu	rchasers						All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
	(Last name			[1/1]		[ 4 1 ]	[ ( A )		,	[ ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (		[[ K]
Business o	r Residence	Address (N	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated Br	roker or Dea	aler									
States in W	hich Person	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers		<u> </u>			<del></del>	
(Check "A	All States" o	or check ind	lividual Stat	tes)								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \[ \Bar{} \] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold \$15,000,000 \$5,000,000 Debt..... Equity Common Preferred \$5,000,000 Partnership Interests )..... Other (Specify \$5,000,000 Total..... \$15,000,000 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number of Purchases Investors Accredited Investors \$0 Non-accredited Investors \$0 Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Security Sold Type of offering Rule 505 Regulation A Rule 504..... 0 Total..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees.... Printing and Engraving Costs.... Legal Fees Accounting Fees Engineering Fees Ø \$150,000 Sales Commissions (specify finders' fees separately). Other Expenses (identify) Organization and Offering Expense Reimbursement..... $\boxtimes$ \$450,000 $\boxtimes$ \$600,000 Total ......

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C. OFFERING PRICE	CE, NUMBER OF INVESTORS, EXPENSES	AND USI	E OF PROCEEDS		
b. Enter the difference between the aggregate and total expenses furnished in response to Par proceeds to the issuer."		\$14,400,000			
the purposes shown. If the amount for any purpo	roceeds to the issuer used or proposed to be used for se is not known, furnish an estimate and check the bo sted must equal the adjusted gross proceeds to the is	x to the			
Total in response to rait expansion in above.			Payments to Officers, Directors, & Affiliates		Payments to Others
Salaries and fees		. 🛛 \$	900,000	_ 🗆 .	
Purchase of real estate		. 🗆			
Purchase, rental or leasing and installation	of machinery and equipment	. 🗆			
Construction or leasing of plant buildings a	. 🗆		:		
Acquisition of other business (including the	e value of securities involved in this				
offering that may be used in exchange for the					
issuer pursuant to a merger)		· 🖳		_ 🗆 .	
Repayment of indebtedness		. 🗆	и	_ 🗆 .	
Working capital reserves		. 🛛 \$4	150,000	_ 🗆 .	
Other (specify):					
Non-accountable expense reimbursement/i	nvestments in operating partnerships	<b>⊠_</b> \$	300,000	_ 🛛	\$12,750,000
Column Totals		. 🛛 <u>\$</u>	1,650,00	_ 🛛	\$12,750,000
Total Payments Listed (column totals added	i)		\$14,400	,000	
	D. FEDERAL SIGNATURE				
The issuer has duly caused this notice to be signed signature constitutes an undertaking by the issuer information furnished by the issuer to any non-accr	to furnish to the U.S. Securities and Exchange Co	mmissio			
ssuer (Print or Type)	Signature		Date		·-
Hudson Northern California Housing Fund LP	1 1 m		January 10,	2005	
By: Hudson Housing N California GP LLC					•
Name of Signer (Print or Type)	Title of Signer (Print of Type)		<b>,</b>		
Joseph A. Macari	Managing Director				

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)